

Name
in
Full

Christopher Allen

CERTIFICATE OF DEATH

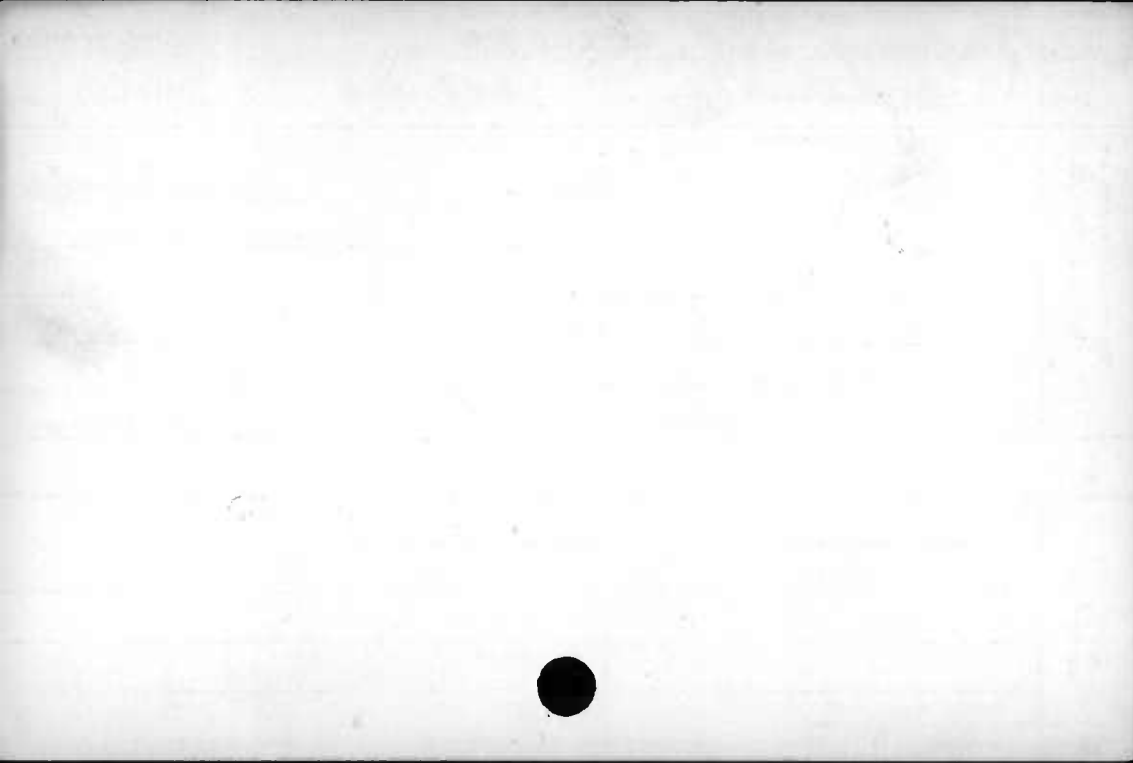
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near My Mills</i>		Town <i>My Mills</i>		County <i>Sevier</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>22</i>	Age <i>49</i>	Years	Months <i>5</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>2 a 6c</i>				
Occupation <i>Religious</i>	Where Residing if not at place of death <i>near My Mills</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sallie</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>Mary Allen</i>	Mother's Birthplace <i>—</i>						
Name of person giving Information <i>T. S. Adams</i>	How related to deceased <i>Brother-in-law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>27</i>	<i>1-6 years</i>
Immediate <i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. S. Adams</i>	
	Address <i>Seviertown, Tenn.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Mrs Fannie S. Blades
Town: Church Hill County: Saeco

MARYLAND

Died at Date of death 1905 Dec 1 Age 67- Months 1 Days

Sex Female Color or Race White Birth-place La County

Occupation Where Residing if not at place of death Bullmon Md

Married, Single or Widowed Widow Name of Wife or Husband John S. Blades

Father's Name Edward E. Evans Father's Birthplace La Co

Mother's Maiden Name Mary Evans Mother's Birthplace La Co

Name of person giving information Mrs. Sallie Blough How related to deceased Niece

CAUSES OF DEATH

Primary Tuberculosis How long 27

Immediate Prostration How long Several hours

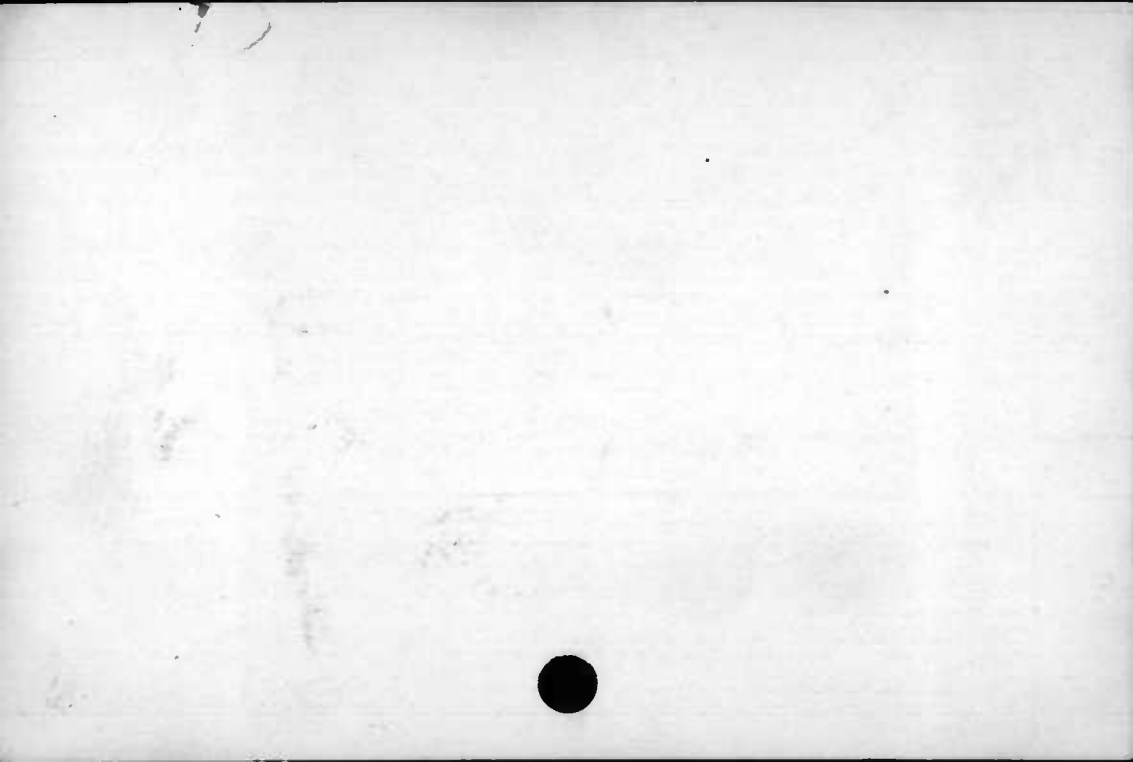
Are the name, age, sex, color, date and place correctly given above? They are Signature of Physician S. B. Dudley

Address Church Hill

Accident or Suicide? Inu. Annes Co. Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Nelson Bowser

CERTIFICATE OF DEATH

Died at Star TownCounty Queen Anne

MARYLAND

Date
of death 1905Month
DecDay
8Age
Years _____Months
twoDays
_____Sex MaleColor or
Race ColoredBirth-
place Star

Occupation _____

Where Residing if not
at place of deathMarried, Single
or Widowed SingleName of Wife or
HusbandFather's
Name Henry BowserFather's
Birthplace Skipton, Md.Mother's
Maiden Name Caroline CarterMother's
Birthplace Star, Md.Name of person giving
Information Henry BowserHow related
to deceased Father

CAUSES OF DEATH

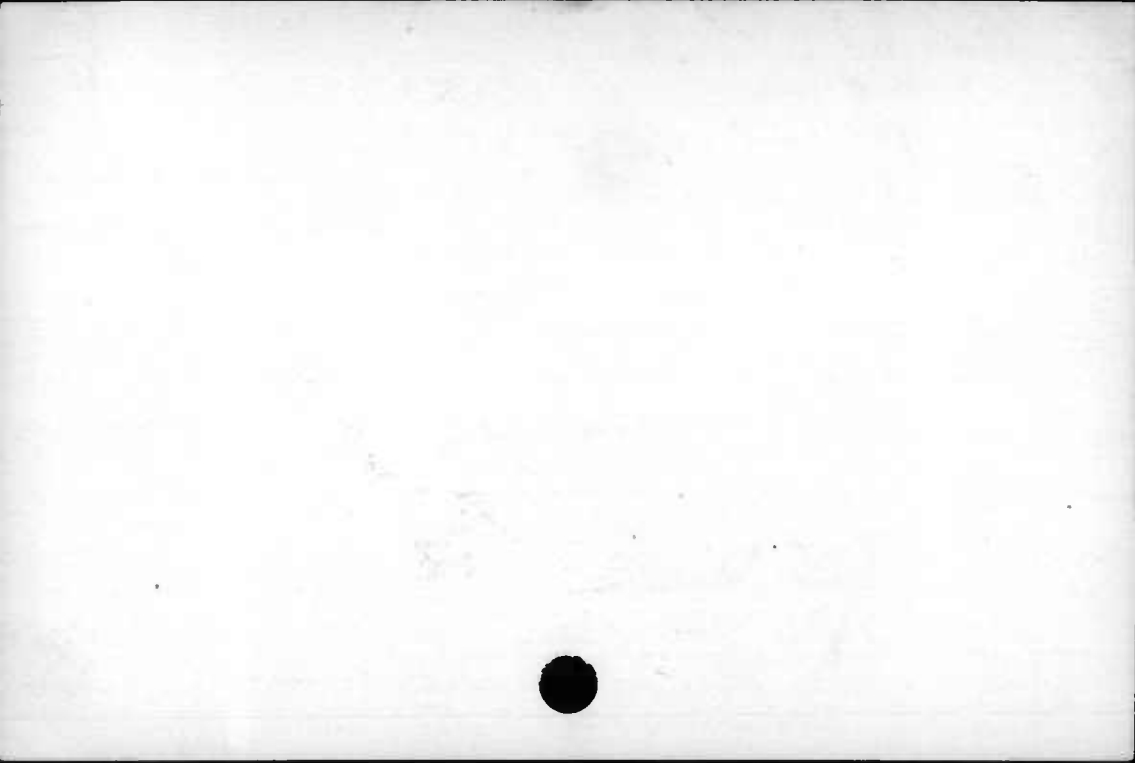
Primary Weak ConstitutionHow long
2 monthsImmediate Cholera InfantumHow long
2 daysAre the name, age, sex, color, date
and place correctly given above? YesSignature of
PhysicianWalter H. Fenby

Address

Ruthsburg
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

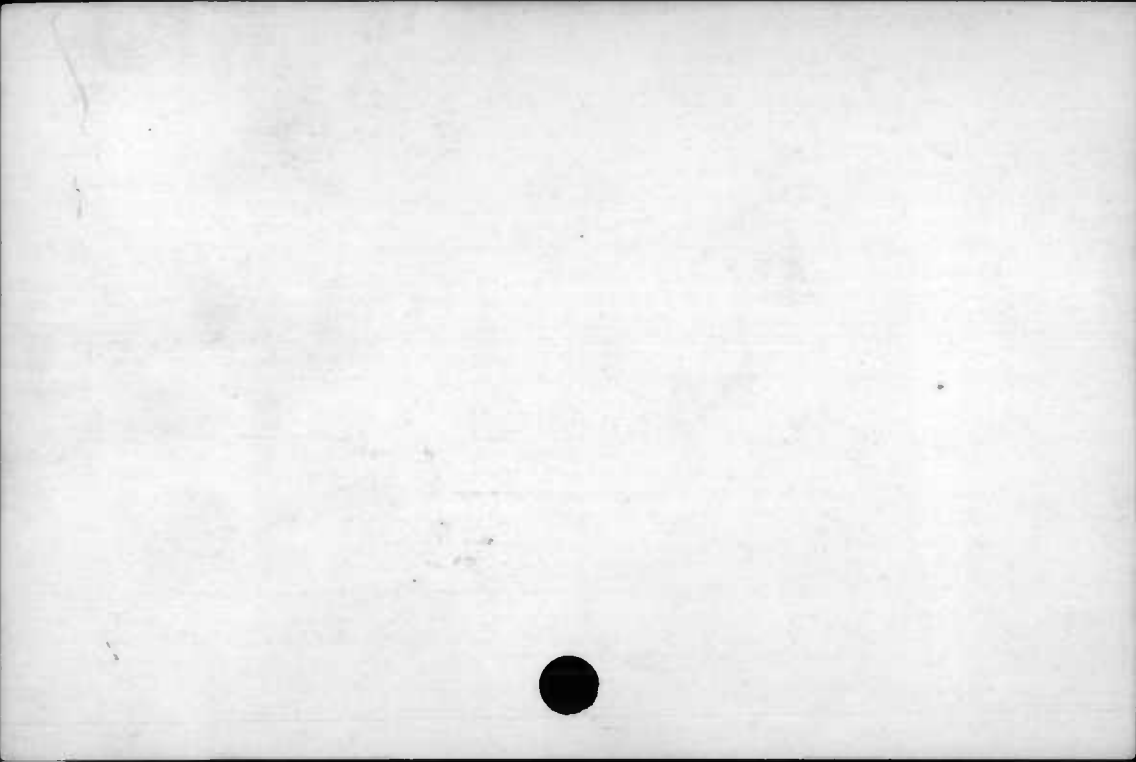
TO BE ANSWERED BY
NEAREST FRIEND

John J. Bradley				County		MARYLAND	
Died at		Town Crumpston		County Queen Anne			
Date of death		Month 12		Day 4		Age 62	
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Merchant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife Husband Rebecca Bradley					
Father's Name John M. Bradley		Father's Birthplace Maryland					
Mother's Maiden Name Henrietta Pump		Mother's Birthplace Maryland					
Name of person giving Information Charles A. Bradley		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	3 or 4 yrs
Immediate	Asthma	How long	One year
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. M. Betton M.D.	
Address		Greensboro	
Accident or Suicide?		Maryland	



Name
in
Full

Charles Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Buhrville ^{County} 2.A.

MARYLAND

Date of death 1905 12 14 Age 40 Years Months Days

Sex male Color or Race Black Birth-place 2.A. led

Occupation Laborer Where Residing if not at place of death near Flow of mountain

Married, Single or Widowed married Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Coroner Jany

How related to deceased

CAUSES OF DEATH

Primary Killed by falling from 165 ft How long

Immediate Broken neck How long Instant

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. M. M. M.

Address Buhrville

Accident or Suicide? accident

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

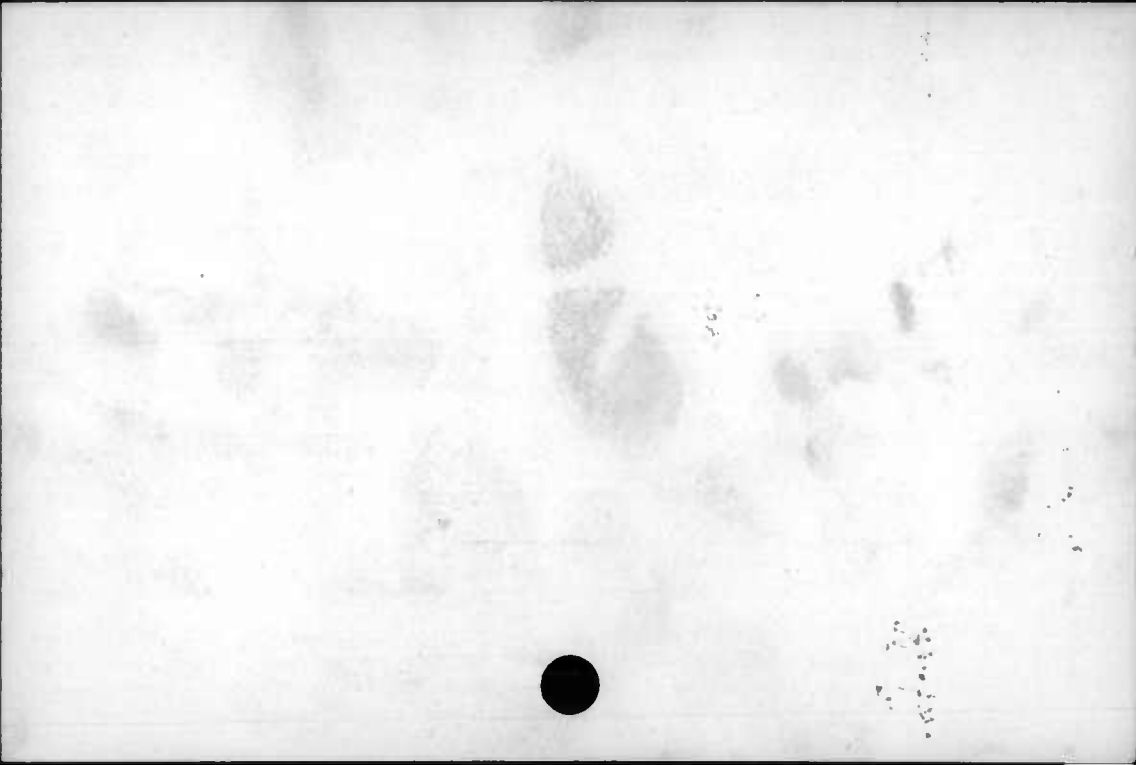
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> ^{Town} <i>Ind</i> ^{County} <i>Quinn Adams</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Dec.</i>	Day <i>5th</i>	Age <i>42</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Quinn Adams Co</i>	Months <i>—</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Centerville Ind</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Blake</i>		
Father's Name <i>Samuel Comer</i>	Father's Birthplace <i>D.A. Co</i>		
Mother's Maiden Name <i>Marilyn Watson</i>	Mother's Birthplace <i>D.A. Co</i>		
Name of person giving information <i>Alexander Comer</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>fourteen years</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Sam Finley M.D.</i>
	Address <i>Centerville Ind</i>
Accident or Suicide? <i>—</i>	



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Rushburg

County

MARYLAND

Date of death 1905	Month 12	Day 15	Age
------------------------------	-------------	-----------	-----

Years

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Mother's
Maiden Name

Name of person giving information

Father's Birthplace

**Mother's
Birthplace**

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

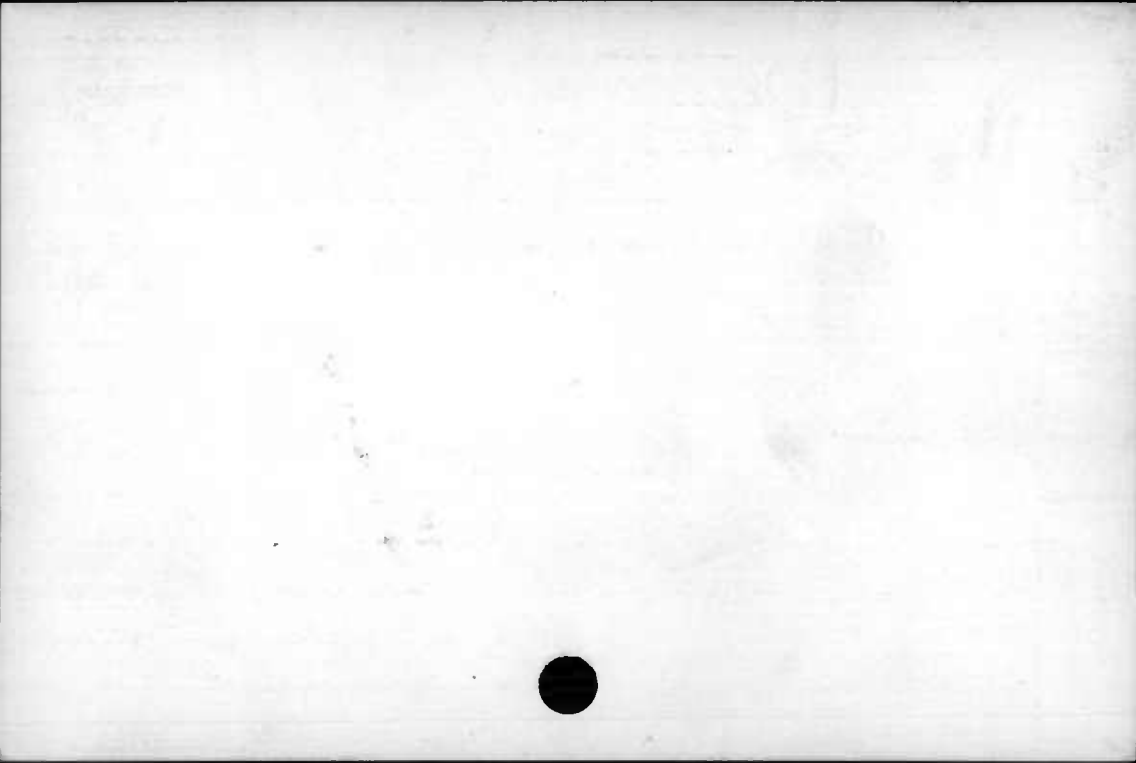
Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lizzie Darry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Spanish Neck* Town*Dunn Anne* CountyDate
of death *1905*Month
*12*Day
*11*Age
93

Months

Days

Sex
*Female*Color or
Race
*Negro*Birth-
place
*Ind*Occupation
*Servant*Where Residing if not
at place of deathMarried, Single
or Widowed
*Widow*Name of Wife or
Husband*Rabk Darry*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Saul Boynard*How related
to deceased*Aunt*

CAUSES OF DEATH

Primary

General Debility

How long

14 mos

Immediate

" "

How long

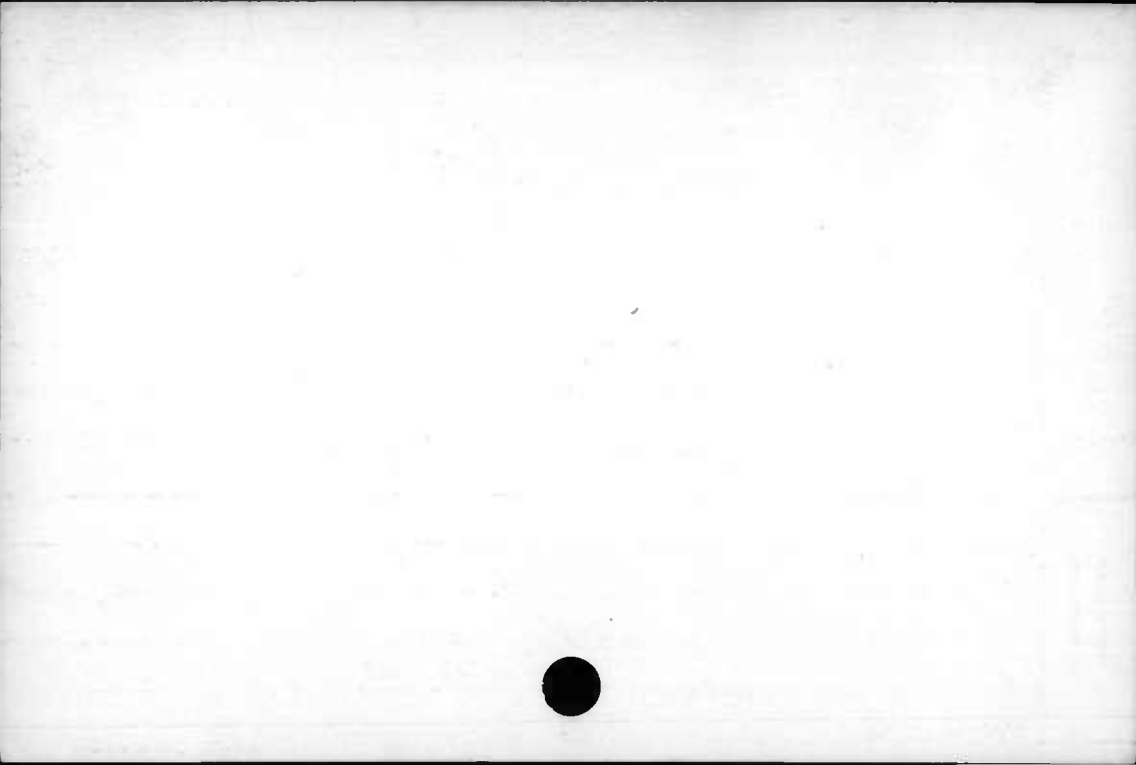
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*No Physicians Reported by*

Address

John W. Madison

Accident or Suicide?

Undertaker, Centerville Ind



Name In Full

Certificate of Death

Levinia Ferrell

Died at ^{Town} Church Hill ^{County} Queen Anne

MARYLAND

Date	1905, Dec. 6 th	Age	31. 8 3	Native of	2. a. Co.	Occupation	House wife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of	Joshua J. Ferrell	Mother's Name	Ellie Stewart
Wife			
Father's Name	Charles Stewart		

Cause of	Primary	Appendicitis	How long sick	9 days
Death	Immediate		Accident, Suicide, Homicide	

Reported by J. H. W. G. Weedon

Address Church Hill 2. a. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Catherine P Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at Stevensville

Town

D. C.

County

Date of death 1905

Month

Dec

Day

2

Age

Years

1

Months

4

Days

Sex

Female

Color or
Race

Cald

Birth-
place

Stevensville Md

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

B. Frank Frazier

Father's
Birthplace

Kent Del Md

Mother's
Maiden Name

Henrietta Ritchison

Mother's
Birthplace

" "

Name of person giving
In formation

B F Frazier

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

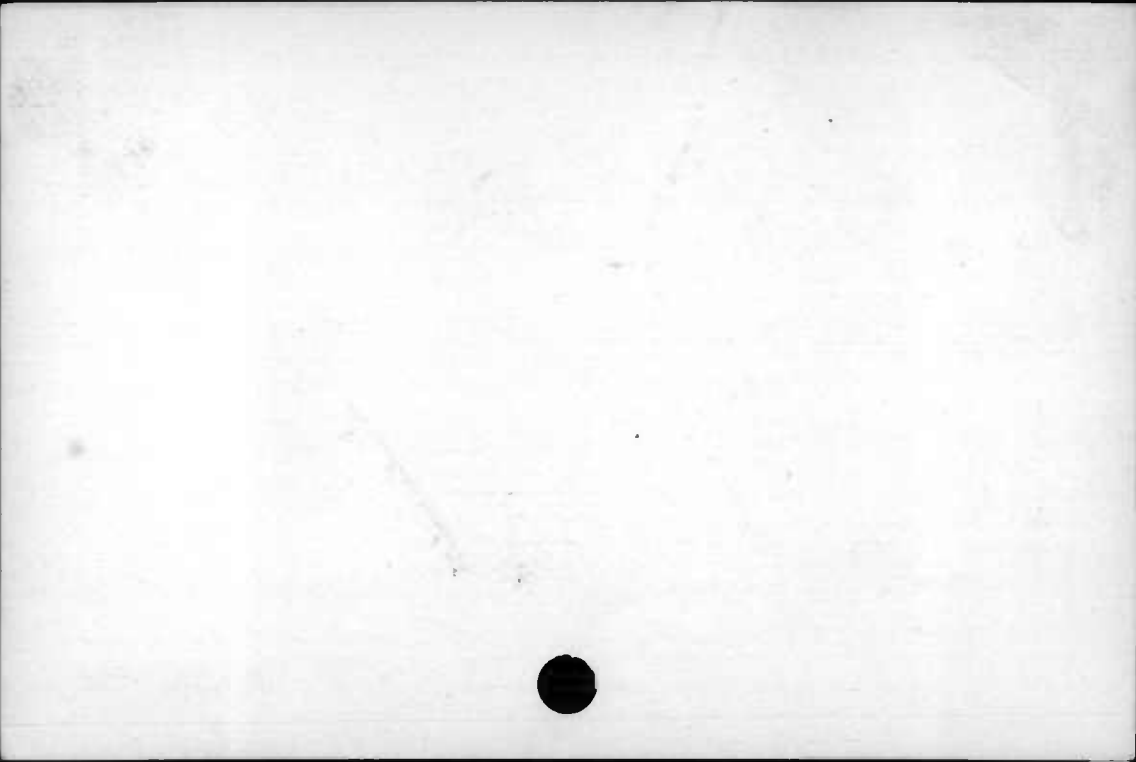
Signature of
Physician

Address:

Lewis Henry
Stevensville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Harrison / M /
 Town near Church Hill County Queen Anne **MARYLAND**
 Died 1905 Month Dec Day 29 Age 3 Years 3 Months 3 Days 3
 Date of death 1905 Dec 29
 Sex Female Color or Race Black Birth place Queen Anne Co.
 Occupation _____ Where Residing if not at place of death _____
☒ Single Single Name of Wife or Husband _____
 Father's Name William Harrison Father's Birthplace Ind
 Mother's Maiden Name Clara Little Mother's Birthplace Ind
 Name of person giving information B. L. C. Appage How related to deceased none

CAUSES OF DEATH

Primary Bronchitis **(90)** How long 3 days
 Immediate Exhaustion How long 3 hours.
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician W. L. C. Appage Ind
 Address Church Hill Ind.
 I never saw the child but sent the medicine.
 Accident or Suicide? Ind

PHYSICIAN
OR CORONER

✓

6.00
1.00



Name
in
Full

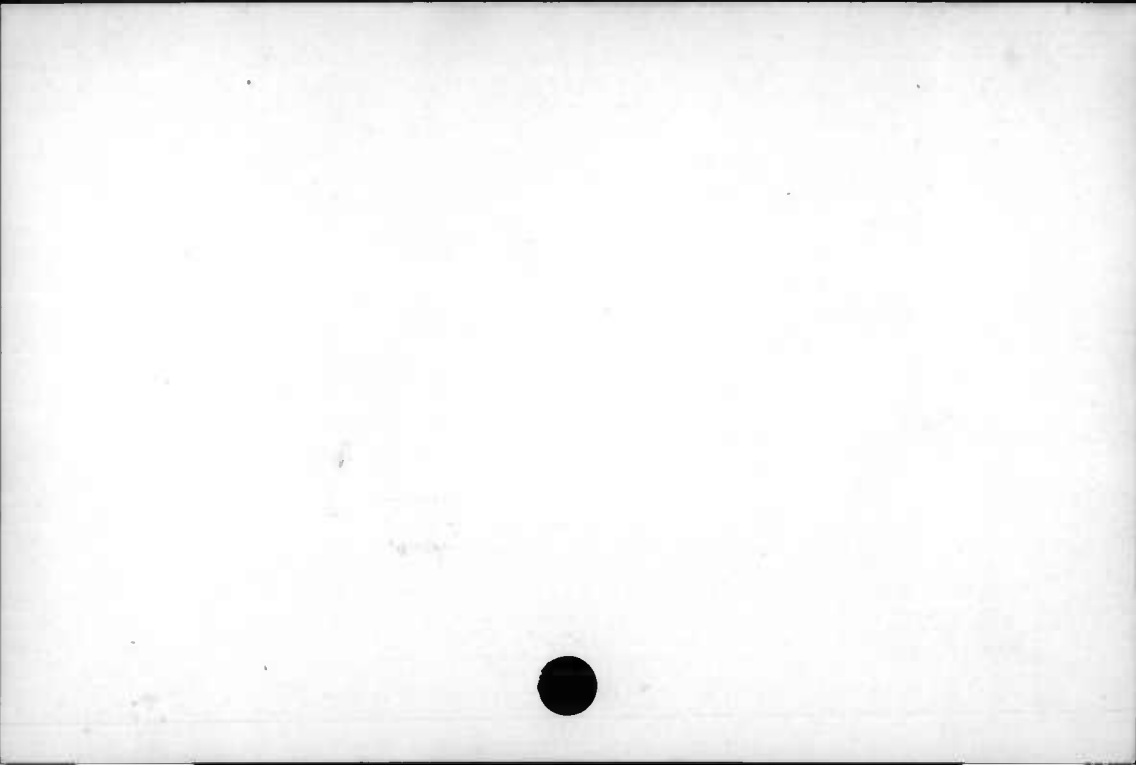
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Centerville</i> <small>Town</small>		<i>Hopkins</i> <small>County</small>		<i>Queen Anne's</i>	
Date of death <i>1903</i>	Month <i>12th</i>	Day <i>14th</i>	Years <i>Age Two months</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Centerville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thomas Hopkins</i>			Father's Birthplace <i>Centerville</i>		
Mother's Maiden Name <i>Julie Stells</i>			Mother's Birthplace <i>Church Hill</i>		
Name of person giving information <i>Carrie Stells</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Natural causes</i>	How long <i>(12)</i>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Laure D. M. Luf</i>
	<i>As far as I know</i>		Address <i>Centerville Ind</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

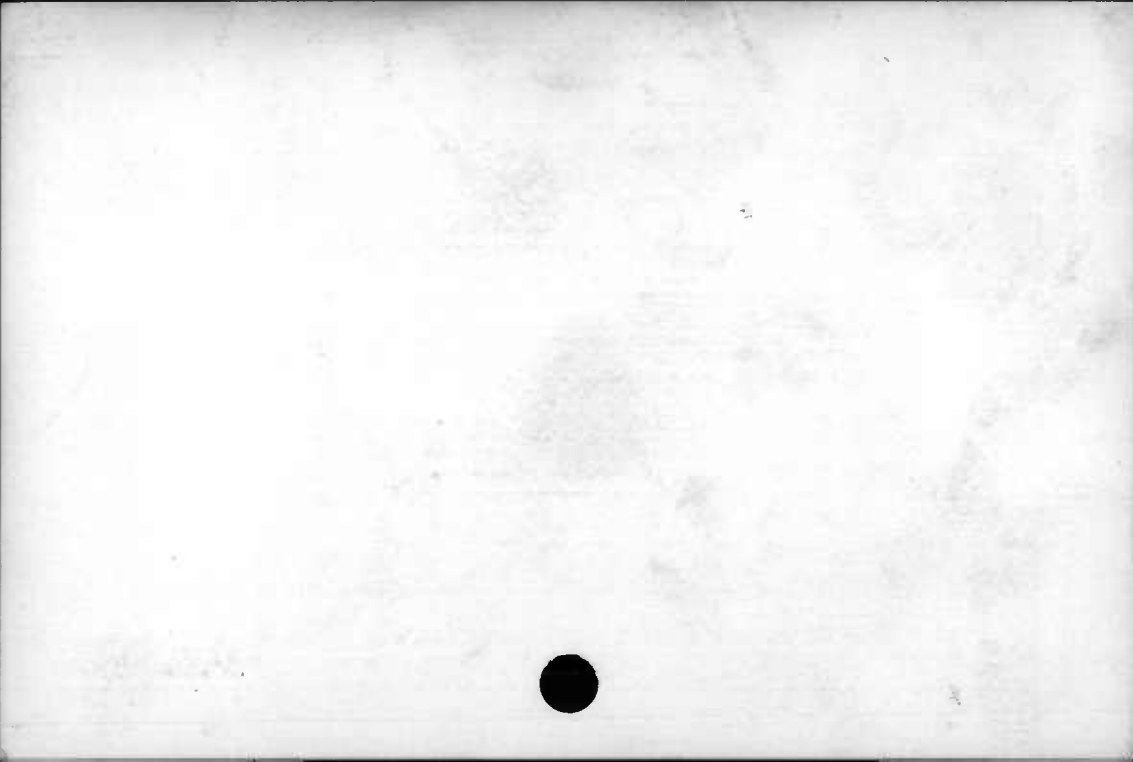
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George H. Johnson		Town Hayden		County Town Anne		MARYLAND	
Died at		Month 12		Day 22		Years 60	
Date of death 1905		Months		Days			
Sex male		Color or Race Black		Birth-place 2. A. 60			
Occupation Laborer		Where Residing if not at place of death		Place of death			
Married, Single or Widowed married		Name of Wife or Husband Maria Johnson		Father's Birthplace 2 A. 60			
Father's Name Andrew Johnson		Mother's Birthplace 2. A. 60		Mother's Birthplace 2. A. 60			
Mother's Maiden Name Annice Johnson		Name of person giving information Char H Johnson		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myocardial Regurgitation		How long 2 yrs
Immediate Syncope		How long subdurally
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician James M. D.
		Address W. H. D.
Accident or Suicide? no		



Name
in
Full

CERTIFICATE OF DEATH

Samuel Johnson

Town

County

Andrewville P.A. Co

MARYLAND

Died at

Date

of death 1905

Month

Dec

Day

23

Years

Age 80

Months

Days

Sex

M

Color or
Race

Black

Birth-
place

Md.

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Father's
Name

Saml Johnson

Father's
Birthplace

Md

Mother's
Maiden Name

Caroline Broadway

Mother's
Birthplace

Md

Name of person giving
In formation

Jas Seaton

How related
to deceased

Half brother

CAUSES OF DEATH

Primary

General decline

How long

Six mrs

Immediate

Valvular heart failure

How long

2 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. S. M. Y.
Andrewville
Md

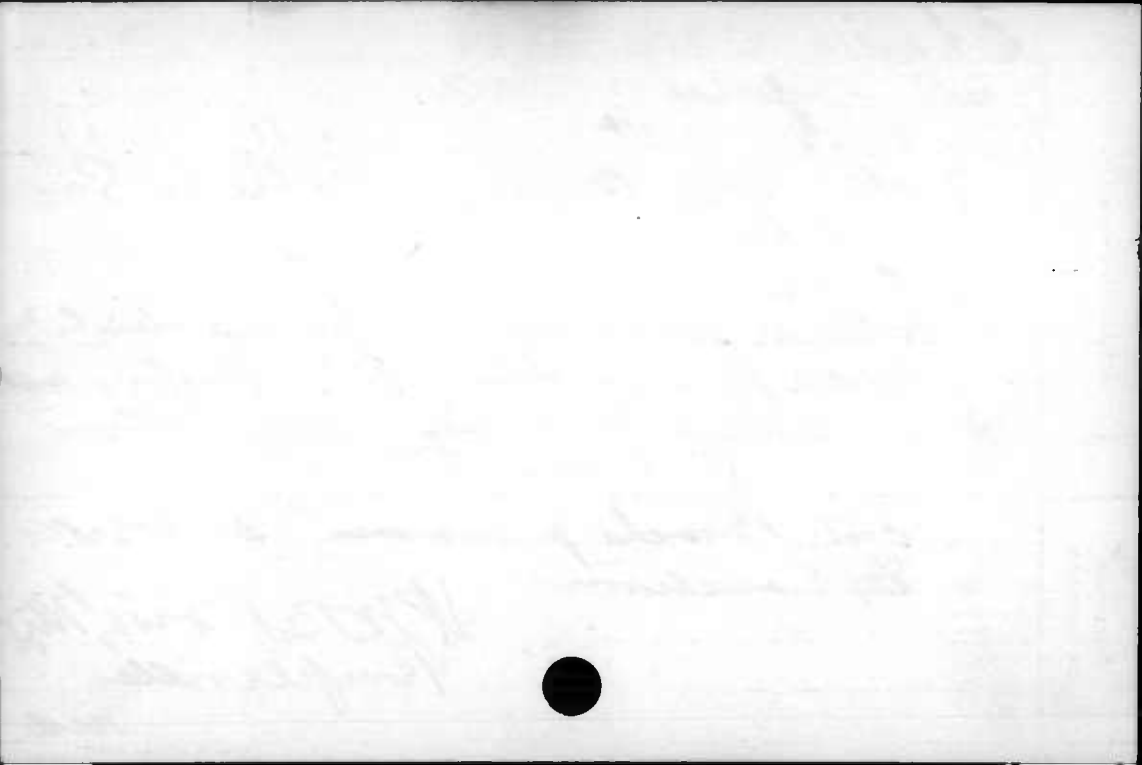
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Ira Henry Kennedy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Michael Town		Superior County		MARYLAND
	Date of death		1905	Month	25th	Day	2
			Age		2	Years	3
					Months		5
					Days		
	Sex		Male		Color or Race		Colored
Occupation				Birth- place		Michael Town	
				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Jeremiah Kennedy				Father's Birthplace	
Mother's Maiden Name		Hanson Nelson				Mother's Birthplace	
Name of person giving In formation		Emory Block				How related to deceased	
						None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Gastritis		How long		3 days
	Immediate		Exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		N. S. Dudley
					Address		Church Hill Mortland
	Accident or Suicide?						



Name
in
Full

Charles R. Matthews

CERTIFICATE OF DEATH

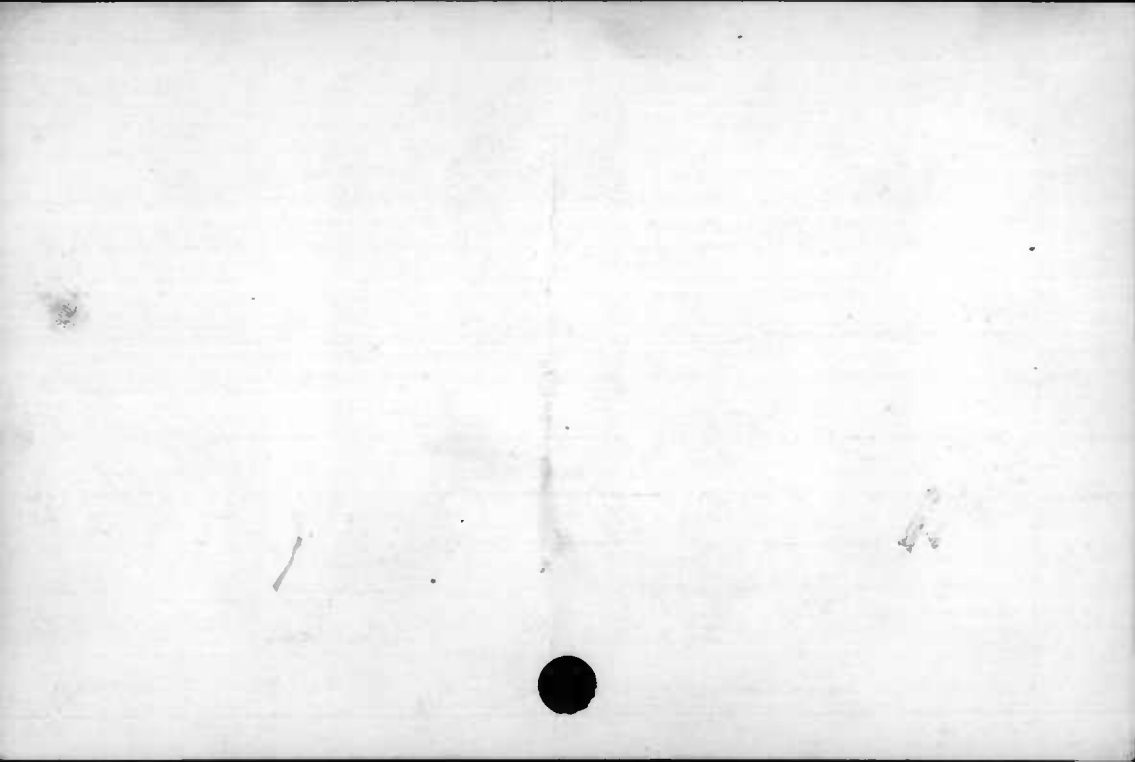
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Dingleside</i>		Town <i>D.A.</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>12</i>	Day <i>23rd</i>	Age		Months <i>11</i>	Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Chester, Pa.</i>			
Occupation <i>Chief</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Chief</i>		Name of Wife or Husband					
Father's Name <i>Wilbert Matthews</i>		Father's Birthplace <i>Caroline Co., Md.</i>					
Mother's Maiden Name <i>Annie Jane Gibbs</i>		Mother's Birthplace <i>D.A. Co., Md.</i>					
Name of person giving information <i>Wilbert Matthews</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronch. pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. B. Rowe, M.D.</i>
	Address <i>Templeville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elizabeth Th Milbourn*
Town *Severna Park*County *2*

Date

of death *1905*

Month

12

Day

16

Age

Years

83

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*See*

Occupation

*Religious*Where Residing if not
at place of death*Severna Park*Married, Single
or Widowed*Widow*Name of Wife or
Husband*F Milbourn*Father's
Name*Samuel Paterson*Father's
Birthplace*Unknown*Mother's
Maiden Name*Annie Stout*Mother's
Birthplace*" "*Name of person giving
Information*E. Downs*How related
to deceased*daughter*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

General Paralysis

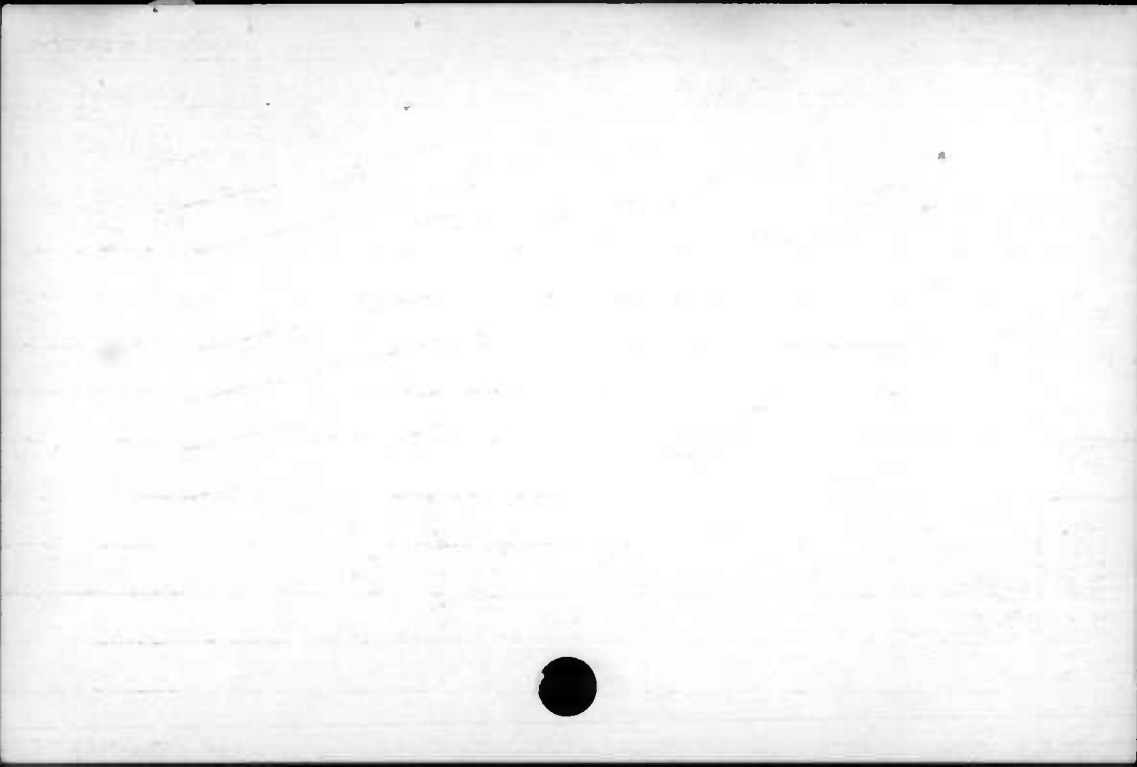
How long

*36 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Howard B. Hopkins*

Address

*Severna Park**MD*

Accident or Suicide?



Name
in
Full

Mr Lawrence Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Near ^{Town} Leammichael^{County} Queen AnneDate
of death 1905Month
DecemberDay
20Years
Age Ten hours

Months

Days

Sex Male

Color or
Race

Caucasian

Birth-
place

Near Leammichael

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Washington K. Nelson

Father's
BirthplaceNear
Greenstone MdMother's
Maiden Name

Fanny W. Thomas

Mother's
Birthplace

Kent Island Md.

Name of person giving
In formation

H. R. Hopkins

How related
to deceased

None

CAUSES OF DEATH

Primary

Premature birth

How long

Immediate

Weak circulation

How long

Ten hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Howard R. Hopkins

Address

Greenstone

Md. over

Accident or Suicide?

In this case the Doctor, gave permission
to bury body and gave me this card -

John M. Atkes.
Sub Registrar.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Joseph Richardson Price

Town

Chester

County

Queen Anne's County

MARYLAND

Date

of death

1905

Month

Dec

Day

7

Years

65

Age

Months

11

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Queen Anne's Co

Occupation

Farmer

Where Residing if not
at place of death

Kent Island

Married, ~~Single~~~~or Widowed~~

Married

Name of Wife or
Husband

Mary Ringgold Price

Father's
Name

John C. Price

Father's
Birthplace

Queen Anne's Co

Mother's
Maiden Name

Elizabeth Downing

Mother's
Birthplace

Queen Anne's Co

Name of person giving
Information

Robt. H. Price M.D.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Fractured skull

How long

Immediate

Concussion of Brain

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Long Henry M.D.
Stevensville Md

Accident or Suicide?

Homicide

11. 20

25

5
6
11

////////////////

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

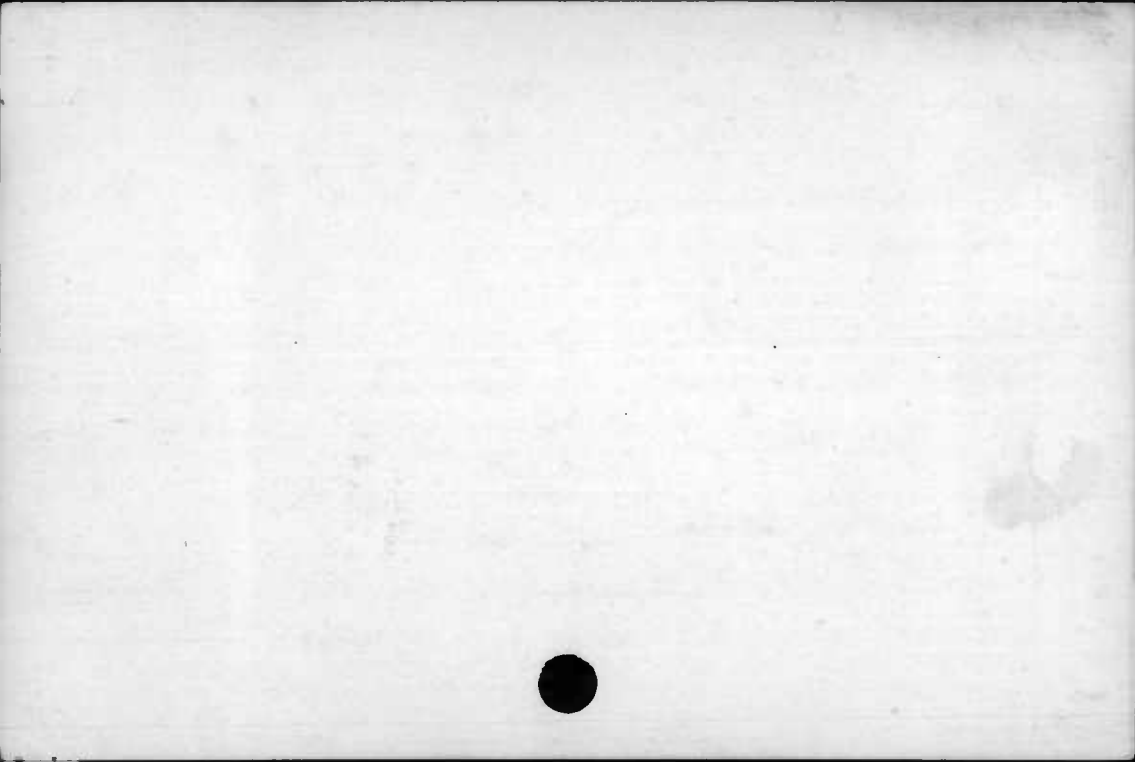
TO BE ANSWERED BY
NEAREST FRIEND

Name *Chas E. Riggins*
 Died at *Neur Churchville* *Daleo*
 Date of death *1905* *12* *04* *Age* *64* *Months* *6* *Days* *-*
 Sex *Male* Color or Race *White* Birth-place *Daleo*
 Occupation *Sailor* Where Residing if not at place of death *Daleo*
 Married, Single or Widowed *Widowed* Name of Wife or Husband
 Father's Name *James Riggins* Father's Birthplace *Belawson*
 Mother's Maiden Name *Elizabeth Smith* Mother's Birthplace *Daleo*
 Name of person in information *Myo Kati Riggins* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Nephritis* *(19)* How long *3 mos*
 Immediate *Asphyxia* How long
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *N. S. Dudley*
 Address
 Accident or Suicide? *no*



Name
in
Full

Ben R Sanders

CERTIFICATE OF DEATH

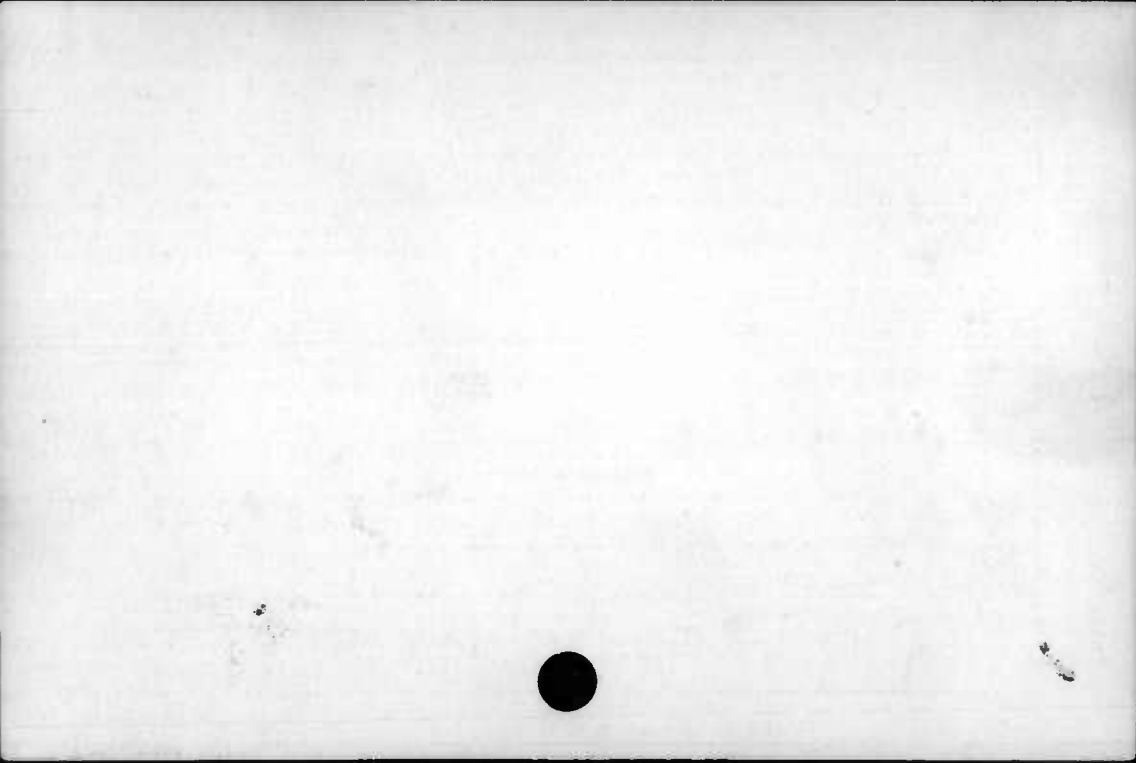
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
1-12		12	7	67			
Sex	Male		Color or Race	Calar		Birth-place	Kent Orland
Married, Single or Widowed	Married		Occupation	Farmer			
Name of Wife or Husband	Fuby Sanders						
Father's Name	Thomas Sanders					Father's Birthplace	Kent Orland
Mother's Marden Name	Searcy M. Sanders					Mother's Birthplace	" "
Name of person giving information	Brother					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cystitis & Complications		How long	1 yr
Immediate	Septic Coma		How long	Today
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C. Percy Kemp
			Address	Stevensville Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> ^{Town}		<u>Shinner M M</u> ^{County}		MARYLAND	
Date of death	1905	Month	12	Day	18
Sex	male	Color or Race	White	Age	Years 1 Months 3
Occupation	mining	Where Residing if not at place of death	Place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Henry Skinner	Father's Birthplace	2.A. Mo		
Mother's Maiden Name	Emma R Hynson	Mother's Birthplace	2.A. Mo		
Name of person giving information	Henry Skinner	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eutero-calculus	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. H. H. H. H. H.
		Address	Bethesda
Accident or Suicide?	no		

Name
in
Full

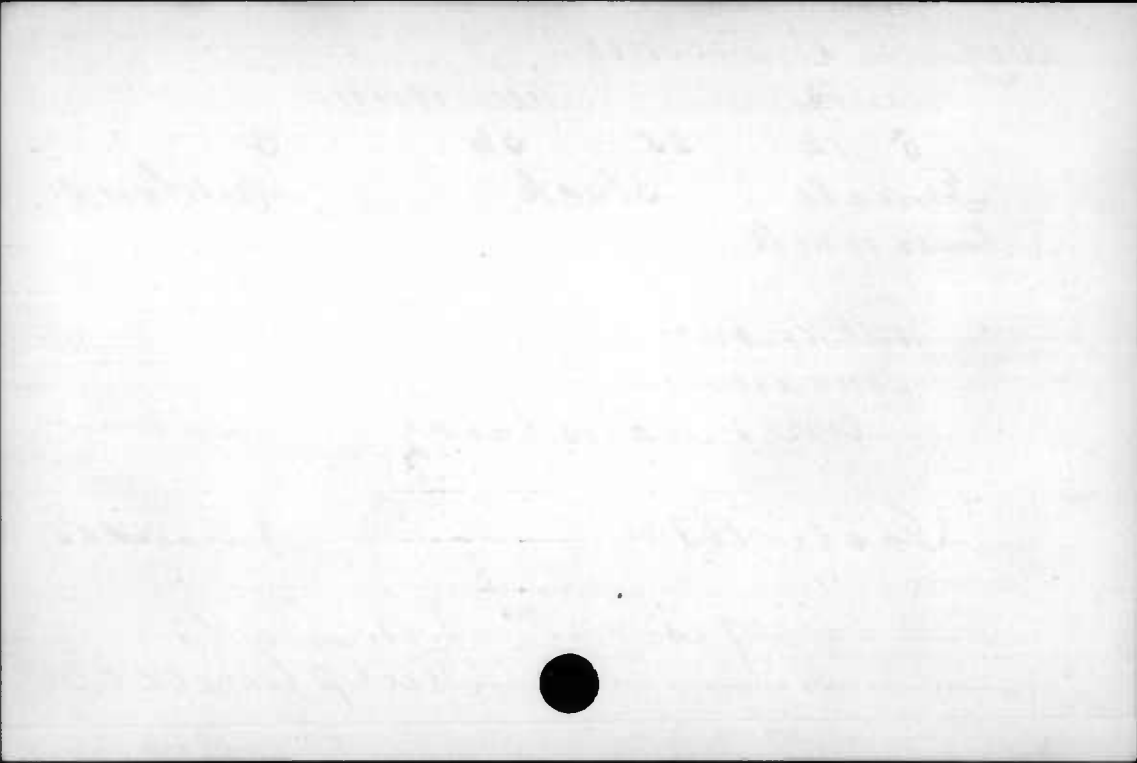
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i>		Town <i>Queen Anne</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	28	Age	60
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del.</i>		Months	10 mos.
Occupation <i>Stock-buyer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John W. Smith</i>		Father's Birthplace <i>Kent Co. Del.</i>					
Mother's Maiden Name <i>Elizabeth Williams</i>		Mother's Birthplace <i>" " Del.</i>					
Name of person giving information <i>Alfred H. Smith</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	} 63 hours
Immediate	<i>Hemiplegia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. R. Hackett</i>	
		Address <i>Queen Anne Ind.</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Augusta Stansbury		Town		County		MARYLAND	
Died at		Near Barclay		Queen Anne			
Date		Month		Day		Years	
of death		1905		12		25	
Age		56		3		Months	
Sex		Female		Color or Race		Black	
Birthplace		Maryland		Occupation		House work	
Where Residing if not at place of death				Name of Wife or Husband			
Married, Single or Widowed		Single		Father's Name		Sont Know	
Mother's Maiden Name		Sont Know		Father's Birthplace		—	
Name of person giving information		Ernest Stansbury		Mother's Birthplace		—	
How related to deceased		Son		Name of person giving information		Ernest Stansbury	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastritis	How long	3 months
	Immediate	"	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Accident or Suicide?		—	
Signature Physician		J. R. Smith		Address
Address		Timpville, Ky.		

San Francisco
1850
Dear Sir
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above named matter.

I have the honor to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours,
Wm. C. Brown
Secretary

Name
in
Full

CERTIFICATE OF DEATH

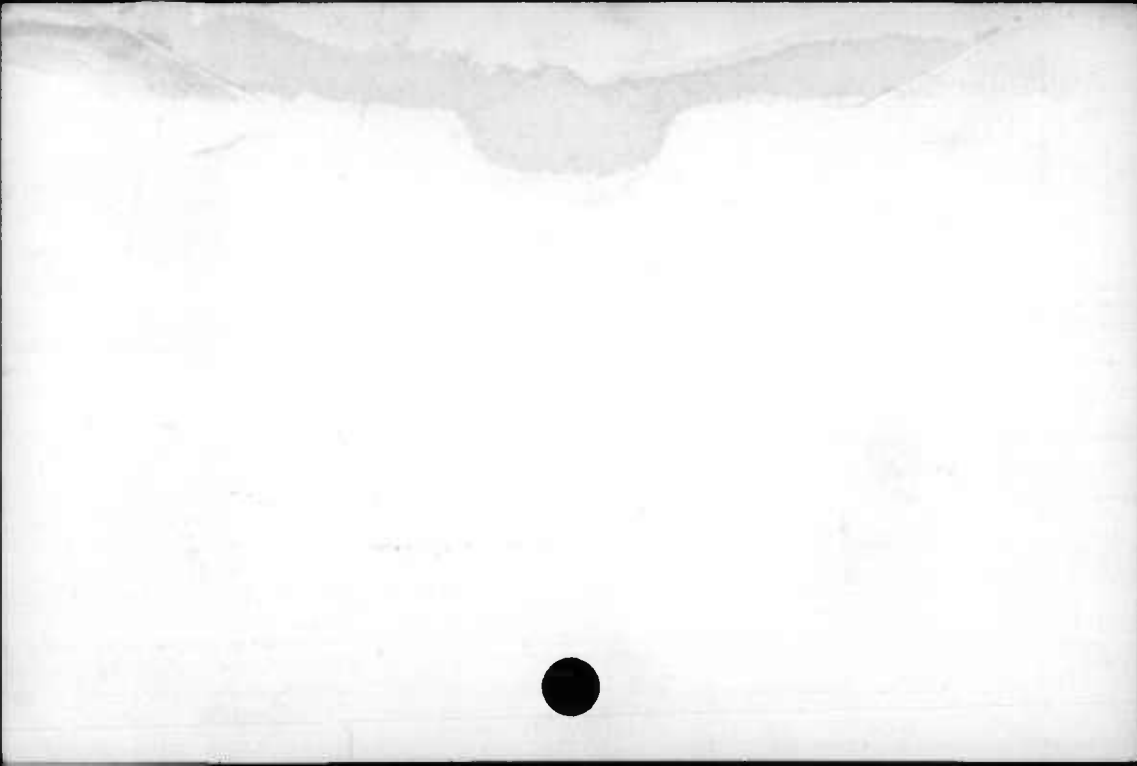
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Sweetestown</i>		Town <i>Sweetestown</i>		County <i>Thomas</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>13</i>	Age <i>13</i>	Years <i>—</i>	Months <i>—</i>	Days <i>13</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>near Sweetestown</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Along road</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Thomas</i>		Father's Birthplace <i>Sweetestown Co.</i>					
Mother's Maiden Name <i>Mary Carroll</i>		Mother's Birthplace <i>Sweetestown Co.</i>					
Name of person giving Information <i>Edward Thomas</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Haemorrhage - a month premature</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Adams</i>
		Address <i>Sweetestown, Md.</i>
Accident or Suicide?		



Name
in
Full

George Winford Maitton

CERTIFICATE OF DEATH

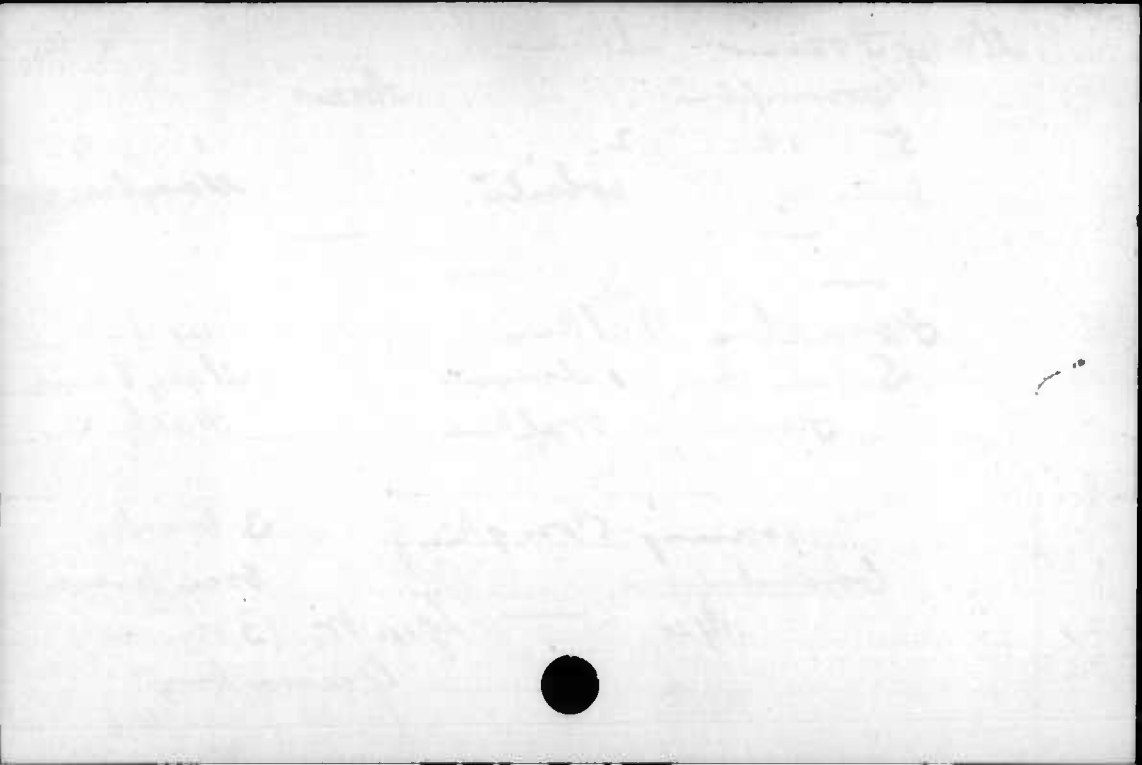
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Church Hill		Queen Anne's					
Date	Month	Day	Age	Years	Months	Days	
of death	1905	Dec	8	6	8	8	
Sex	Male		Color or Race	White		Birth place	Near Church Hill
Occupation	School boy.		Where Residing if not at place of death		At place of death		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Geo. T. Maitton					Father's Birthplace	Ind.
Mother's Maiden Name	Wm. Francis Sanders					Mother's Birthplace	Ind.
Name of person giving information	Geo. T. Maitton					How related to deceased	Father

CAUSES OF DEATH

Primary	Bronchitis & Laryngitis	How long	10 weeks
Immediate	Heart failure	How long	3 hours.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. G. Cappoge	
Address		Church Hill	
		Ind.	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Mary Frances Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brimfield		County 2 new Annes		MARYLAND	
Date of death 1905		Month 12	Day 2	Age Years	Months 1	Days 6	
Sex female		Color or Race white		Birth- place Maryland			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Franklin Walker				Father's Birthplace New Jersey			
Mother's Maiden Name Sarah Ann Godwin				Mother's Birthplace Maryland			
Name of person giving In formation Franklin Walker				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	3 weeks
Immediate	bronchitis	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. W. B. Smith	
Address		Queen Anne Md.	
Accident or Suicide?			

